



**North Carolina Department of Health and Human Services**  
**Division of Facility Services**  
**Acute and Home Care Licensure and Certification Section**  
2712 Mail Service Center  
Raleigh, North Carolina 27699-2712

Michael F. Easley, Governor  
Carmen Hooker Odom, Secretary

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*Dear Home Care Licensure Applicant:*

The requirements and instructions for initial Home Care licensing are available to you on the DFS Web Site at <http://facility-services.state.nc.us>. You will find a list of all the documents you need for this process under the **Home Care Branch** section. Please print the **Hospice Licensure Survey Checklist** so you can use it for your guide. You can also find the **North Carolina Rules Governing the Licensure of Home Care Agencies** rulebook at this link <http://facility-services.state.nc.us/ncruleshc.pdf>. For an initial license, an in-office survey must be conducted prior to licensure. To prepare for your initial survey we encourage you to do the following:

**Step I**

Thoroughly read and familiarize yourself with the **North Carolina Rules Governing the Licensure of Home Care Agencies**. You must develop written policies and procedures for your agency in accordance with the rulebook. These policies and procedures are usually presented in a bound manual. **Please refer to the Home Care and Hospice Survey Checklist as an outline guide for putting together and writing your policies & procedures.**

After screening all potential employees, you must be prepared to present **Personnel Records** for each selected employee as noted in the survey checklist under **IV. (1 and 2., a - m)** on page two (back) of the checklist.

**Step II**

*Pursuant to G.S. 131E-102(b), a nonrefundable license fee is charged to the applicant in the amount of **three hundred fifty dollars (\$350.00)** per agency license. The license fee **must accompany** the application prior to the issuance of the home care license. Payment should be in the form of a check, money order or certified check and must be payable to the "NC DIVISION OF FACILITY SERVICES". The legislation (HB-397, Session Law 2003-284) prohibits a license from being issued if the annual fee has not been paid.*

Effective March 1, 2006, license fees that accompany an initial license application or a license application for a change of ownership will be prorated based on the month the application is postmarked during the year. In order to determine the amount of the license fee that must accompany the application, please use the following formula:

Multiply the annual license fee amount by the factor below, which corresponds to the month the application will be **postmarked**.

Month	Factor	Fee
January	1.0	\$350.00
February	0.92	\$322.00
March	0.83	\$290.50
April	0.75	\$262.50
May	0.67	\$234.50
June	0.58	\$203.00
July	0.5	\$175.00
August	0.42	\$147.00
September	0.33	\$115.50
October	0.25	\$87.50
November	0.17	\$59.50
December	0.08	\$28.00

For example, if the annual license fee for the facility is \$350 and the application will be postmarked on August 21<sup>st</sup>, a check for \$147 must accompany the license application [ $\$350 \times 0.42$  (factor for August) = \$147].

**PLEASE NOTE: All license fees are nonrefundable regardless of when a license is finally issued.**



Once you have acquired personnel records for your required employees and completed the written policies and procedures for your agency, please complete and return ***only the application*** and the **License Fee** (\$350.00) to this office. You will be notified of our receipt of your application and additional instructions will be provided regarding the scheduling of your initial licensure survey to be conducted here in our office in Raleigh. **(Please allow ten (10) business days.) Your policies & procedures and personnel records will be reviewed on the day of the survey.**

**The primary reason Home Care Licensure applicants are denied licensure is because they do not understand and/or comply with the above *CHECKLIST and/or LICENSURE RULEBOOK* requirements. It should be noted these are minimal requirements and failure to comply with them may result in additional preparation time for applicants including repeat office visits. THEREFORE, IT IS RECOMMENDED THAT APPLICANTS BE PREPARED FOR THE INITIAL SURVEY IN ORDER TO BEST UTILIZE THEIR TIME.**

If this office can be of further assistance, please do not hesitate to contact us at (919) 855-4620.

Sincerely,

*Nancy Joyce*

Nancy Joyce  
Administrative Officer